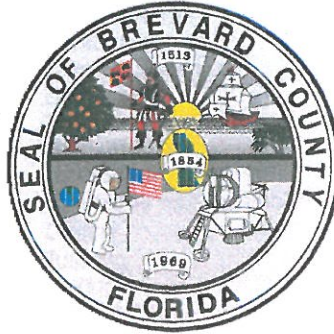


**2015/2016  
COMMUNITY DEVELOPMENT BLOCK GRANT  
PUBLIC SERVICES APPLICATION**



**BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS  
HOUSING AND HUMAN SERVICES DEPARTMENT**

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Request for Proposal (RFP) # HHS 15-CDBG-PS

*Under the authority of the Brevard County Board of County Commissioners, and subject to the availability of funds, the Housing and Human Services Department will accept applications in response to this Request for Proposals with a receipt time and date no later than*

**11:00 a.m. Monday, December 21, 2015.**

***Applications received after this date/time will not be accepted.***

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Ian Golden, Director  
Housing and Human Services Department

(1)

## **Notice to Potential Applicants**

The purpose of this Request for Proposal (RFP) is to provide services to Brevard County Residents, consistent with Brevard County Board of County Commissioners (BOCC) approved plans and strategies. Funding for the RFP requests shall be provided through U.S. Housing and Urban Development (HUD) Community Development Block Grant (CDBG) program for FY 15/16. The County received \$1,202,084 in CDBG funds for Fiscal Year 2015-2016. Of these funds, \$50,100 remains unallocated and is available for CDBG Public Service Programs (CDBG-PS).

Brevard County's Housing and Human Services Department (HHS) takes a holistic approach to neighborhood revitalization. Neighborhoods are the basic ingredient which makes an urban area successful. Brevard County's approach to the revitalization of the total neighborhood has a dual emphasis: resident participation and professional planning. Community Development programs in each neighborhood are drawn up by residents with assistance from local government staff.

HHS is working with Neighborhood Strategy Areas and area residents to ensure neighborhood improvements become reality and the needs of each neighborhood are addressed (housing, planning, capital improvements, public services, demolition/clearance activities, etc.). Some neighborhoods require substantial redevelopment, while others require conservation and preservation. Each neighborhood has unique characteristics and different challenges, no two neighborhood program plans or strategies are the same. Due to limited CDBG funds, extra efforts are made during the planning and funding process to maximize the resources available for projects benefiting low and moderate-income residents of our county.

This application contains information and the required forms for potential applicants to apply and compete for grant awards. Potential applicants are advised to read the materials carefully, and if there are questions contact staff named below at the number provided.

Two public meetings were held on March 17, 2015 and April 9, 2015 to receive and express community needs for input into the Action Plan. A public hearing was held on July 21, 2015 to identify the proposed use of CDBG and HOME funds in the Action Plan. There were no public comments.

**A Mandatory Technical Assistance Meeting for all prospective applicants will be held from 10:00 a.m. to 12:00 p.m. on December 9, 2015 at the Brevard County Government Center located at 2725 Judge Fran Jamieson Way, Building "C", Florida Room, 3rd Floor, Viera, FL 32940.**

**The purpose of the Technical Assistance Meeting is to provide information on the CDBG-Public Service Grant requirements and the RFP application process. Applicants must attend and sign in at the technical assistance meeting in order to be eligible to submit a proposal application. Applications from organizations not in attendance will not be accepted and disqualified.**

All meeting places are handicapped accessible, in accordance with the Americans with Disabilities Act and Section 286.26, Florida Statutes, persons needing accommodations or an interpreter to participate in the proceedings, please notify the HHS Department no later than 48 hours prior to the meetings at 321-633-2076, ask for Brian Breslin.

## **APPLICATION PROCEDURES**

**Applicants must submit; one (1) original printed and signed application, twelve (12) application copies, that are two sided, three hole punched on the left side, with labeled tab dividers, and the original printed application copy on a thumb drive. See "Additional Instructions" below. Applications must be received on or before 11:00 a.m. on December 21, 2015 at the following address:**

Brevard County Housing and Human Services Department  
Attention: RFP No. HHS-15-CDBG-PS  
2725 Judge Fran Jamieson Way, B-106  
Viera, FL 32940

If you have any questions or require assistance contact Alan Woolwich or Linda Graham, Housing & Human Services CDBG designated liaisons, at telephone number (321) 633-2076.

## **AVAILABILITY OF FUNDS**

Funding is subject to availability. Brevard County reserves the right to reduce, amend, and/or rescind this funding opportunity at any time prior to the final award and approval of any contract or agreement by the Board of County Commissioners.

## **GENERAL TERMS AND CONDITIONS**

1. Respondents acknowledge that all information contained within the response is public record to the extent required by State of Florida Public Records Laws. Sealed Proposals are exempt from public record until the agency provides notice of decision or within ten (10) days after Proposal opening, whichever is earlier. Financial statements, if required, are exempt from disclosure under 119.071(l)(b)(c), Florida Statutes.
2. All respondents must read, sign, and comply with the statement on Public Entity Crimes (Addendum "E") prior to entering into a Contract with the County.
3. The County will not reimburse respondent for any costs associated with the preparation and submittal of any responses to this Request for Proposal.
4. The awards made pursuant to this Request for Proposal are subject to the provisions of Chapter 112, Part 111, Florida Statutes, "Code of Ethics for Public Officers and Employees". All respondents must disclose with their responses the name of any officer, director, or agent who is also an employee of the County. Further, all respondents must disclose the name of any County employee who owns, directly or indirectly, any interest of five percent (5%) or more in the respondent's firm or any of the respondent's branches/subsidiaries.
5. Respondents, their agents, and associates shall refrain from discussing or soliciting any County official, other than designated staff regarding this Request for Proposal during the selection process. Failure to comply with this provision will result in disqualification of the respondent. Only the designated liaison listed in this response may be contacted.
6. Non discrimination: Respondent shall not discriminate as to race, sex, color, creed, age, handicap,



or national origin in the operations conducted under this engagement.

7. Due care and diligence has been exercised in the preparation of this Request for Proposal. The responsibility for determining the full extent of the services required rests solely with those making responses. Neither the County nor its representatives shall be responsible for exercising the professional judgment required in determining the final scope of services which may be required.
8. All timely responses set forth in the Submittal Requirements for respondents to this Request for Proposal will be considered. Respondents are cautioned to clearly indicate any deviations from these qualifications. The terms and conditions contained herein are those desired by the County and preference will be given to those responses in full or that have substantially complied with the requested qualifications.
9. Each respondent is responsible for full and complete compliance with all laws, rules, and regulations including those of the Federal Government, State of Florida, and applicable local ordinances. Failure or inability on the part of the respondent to have complete knowledge and intent to comply with such laws, rules, and regulations shall not relieve any respondent from its obligation to honor its response and to perform completely in accordance with its response.
10. The County, at its discretion, reserves the right to waive minor informalities or irregularities in any responses, request clarification of information from respondents, reject any and all responses in whole or in part, with or without cause, and accept any response, if any, which in the County's judgment, will be in the County's best interest.
11. Any interpretation, clarification, correction, or change to the Request for Proposal will be made by written addendum issued by the Brevard County Housing and Human Services Department. Any oral or other type of communication concerning the Request for Proposal shall not be binding.
12. Any Proposals submitted before the deadline may be withdrawn by written request received by the County before the time fixed for receipt of Proposals. Withdrawal of any Proposal will not prejudice the right of the respondent to submit a new or amended Proposal as long as Brevard County receives the Proposal by the deadline as provided herein.
13. For good and sufficient reason, the County may extend the response deadline. Should an extension occur, all parties who received a Request for Proposal will receive an addendum setting forth a new date and time for the response deadline. Notice will be provided by facsimile. Vendors are responsible for ensuring they have received all addenda.
14. The successful respondent shall hold harmless, indemnify and defend the County, its Commissioners, employees, representatives and agents against any claim, action, loss, damage, injury, liability, cost and expense of whatsoever kind of nature arising out of or incidental to respondent's services under this Agreement. Consideration for this indemnification provision will be included in the respondent's hourly rate.
15. The successful respondent(s), prior to the signing of a contract and before starting any work on this project, shall be required to submit all certificates of insurance as follows:
  - a. Worker's Compensation – The insurance required by this section shall comply with the Florida Worker's Compensation Law and include employer's liability insurance with limits of not less than those required by the State of Florida or local jurisdiction, whichever is higher.
  - b. Comprehensive General Liability – in an amount of no less than those required by the State of Florida or local jurisdiction, whichever is higher, including coverage for operations, products completed operations, broad form property damage, and bodily personal injury, insuring the Contractor and any other interests, including but not limited to, any associated



or subsidiary companies involved in the project.

- c. The Comprehensive General Liability Insurance shall include contractual liability insurance applicable to the Contractor's obligations under the Rehabilitation Construction Agreement.
- d. Public Liability Insurance - in an amount not less than \$1,000,000 for bodily injuries, including wrongful death to any one person, and subject to the same limit for each person, in an amount not less than \$1,000,000 for damages on account of all accidents. Policies shall name the Brevard County Board of County Commissioners as an additional insured, only in respect to liability arising out of operations on behalf of the Brevard County Housing and Human Services Department.
- e. Property Damage Insurance – in an amount, not less than \$1,000,000 for damages on account of any accident, and in an amount not less than \$1,000,000 for damages on account of all accidents.

## **SPECIAL TERMS AND CONDITIONS**

1. Applicants must only contact designated HHS staff members for assistance.
2. Demonstrate the ability to generate and/or acquire funding needed to carry out the proposed activity in its entirety.
3. Provide a description of all proposed activities, programs, corresponding funding sources and funding amounts.
4. Provide proof of 501(C) (3) certification and a copy of the last filed IRS 990 files.
5. Provide synopsis of personnel engaged in the proposed activity, to include job descriptions and assignments.
6. Provide a designation of all "for-profit" as well as all "not-for-profit" subsidiaries.
7. Shall not utilize requested funding to supplant other funds.
8. Provide board minutes approving application submittal and signature authority.
9. The successful respondents shall be required to submit copies of all current licensing/certifications required to provide the services outlined in this Request for Proposal.
10. The successful respondent shall be required to enter into a continuing contract that will be provided by the County that incorporates the requirements of this Request for Proposal.  
**The contract will be in effect from the date of execution thru September 30, 2016.**

## APPLICATION CHECKLIST

Agency Name: \_\_\_\_\_

**Please include all of the items listed below, in the order listed or the submitted application package will be considered incomplete. See note below on original needs\*.**

- ☐ 1. Public Service Activities Application Page – Org. or Agency Name (Addendum C)
- ☐ 2. Application Checklist
- ☐ 3. Section II: Agency Profile (3-pages maximum)
- ☐ 4. Section III-A: Program Description (2 pages maximum)
- ☐ 5. Section III-B: Statement of Need (1 page)
- ☐ 6. Section III-C: Program Plan/Design & Logic Model  
(2 pages narrative plus Logic Model Forms Addendum "D")
- ☐ 7. Section III-D: Program Management (1 page)
- ☐ 8. Section III-E: Basic Criteria of Best Practices Check List (Addendum "K")
- ☐ 9. Section III-F: Project Budget and Narrative (Addendum "M")
- ☐ 10. Appendix 1: \*Certifications Addenda "E – J"
- ☐ 11. Appendix 2: Letters of Support or Commitment
- ☐ 12. Appendix 3: Organizational Chart
- ☐ 13. Appendix 4: \*Articles of Incorporation/Bylaws
- ☐ 14. Appendix 5: \*List of Board of Directors
- ☐ 15. Appendix 6: \*501(c) (3) Certificate
- ☐ 16. Appendix 7: \*Latest IRS 990 Files
- ☐ 17. Appendix 8: \*2014 or Latest Audit Report and Management Letter or Financial Statement (Financial Statement only if Agency Audit is not required)
- ☐ 18. Appendix 9: \*Certificate of Insurance for Program Activities or Agency  
(Note: Certificate of Insurance for Program must be current prior to contract signing)
- ☐ 19. Appendix 10: Job Descriptions/Biographical Sketches
- ☐ 20. Appendix 11: \*Board Minutes Approving the Application Submittal and Signature Authority



**\* Note: Items with an asterisk are to be included in the one (1) original printed and signed application packet and thumb drive only, and are not required in the twelve (12) copies of the application.**

## **Part I – Application Instructions**

### **SECTION I - Overview**

#### **Purpose**

The Housing and Human Services Department is interested in funding CDBG eligible services for the residents of Brevard County. Programs must enhance, expand, or create new services, meet one of the CDBG National Objectives (see Addendum A), and be consistent with the Neighborhood Strategy Area priorities (see Addendum B).

#### **Eligibility**

Applications may be made only by the governing bodies of 501 (c) (3), not-for-profit organizations and public agencies. Each applicant must submit a complete FY 15/16 Brevard County Housing and Human Services Public Service Application describing both their agency's role and the responsibilities of their sub-grantees/contractors. **This is not a pass through grant program.** The applicant will be legally, administratively, and fiscally responsible for the grant.

Applicants must be in compliance with all local, city, county, and state licensing and/or accreditation/certification requirements. Documentation **must** be provided in the application using Addendum "H" entitled Certifications. **Without documentation of licensure/accreditation (or a statement as to why licensure is not required) and past Suspensions/Debarment releases, applications will be ineligible and will not be considered for review.**

#### **Additional Instructions**

- ☐ Submitted applications, copies and supporting documents **must** be completed in no less than a 12 point font, be single-spaced, **have two sided pages**; one inch margins and labeled tab dividers for each Section and Appendix on the Application Checklist. All documents and dividers must be legible. Tab examples: (Applicant Org. Name) (#3 Sec.II - Profile) (#11 Appdx 2 - Letters)
- ☐ Submitted applications, copies and supporting documents **must** be bound using **single binder clips, ¾ inch or larger**. Applications will **not be** accepted using undersized paper clips, staples, rubber bands, ring binders or folders. The thumb drive shall be provided in a labeled and secured envelope or sleeve.
- ☐ Applicants **must** use the outline, headings, and subheadings used in this application.
- ☐ All applicants **must** use the forms included in this application package (Addenda C, D, E, F, G, H, I, J, K & M) and the Application Checklist).
- ☐ Applications must not exceed specific **PAGE LIMITATIONS AND MAXIMUMS**.
- ☐ A complete application shall consist of all the individual components in the Order Specified on the Application Checklist, with all copies having typed sequential page numbers at the bottom center of each page in the application submission.
- ☐ If your agency is requesting funds for more than one program, Section III (A through F) must be completed for each program

- Applicants must submit; one (1) original printed and signed application, twelve (12) application copies, that are two sided, three hole punched on the left side, with labeled tab dividers, and the original printed application copy on a thumb drive. See bullets 1 & 2 above.



## **Disqualifying Criteria**

1. Failure to comply with General Terms and Conditions (page 3, # 5).
2. Applicant did not attend and sign in at the mandatory training meeting on December 9, 2015
3. Receipt of applications **after 11:00 a.m.** on December 21, 2015
4. The proposed program is not an eligible CDBG activity (does not meet a National Objective, and meet Priority Community Development Needs).
5. Applications not adhering to the Application Instructions.
6. Application does not contain required documentation of licensure/accreditation and explanation of suspension/debarment releases.
7. Contacting anyone regarding this RFP outside of the HHS designated liaisons (listed below).

## **Review Process**

The Tentative Review Process for this RFP consists of two stages:

1. Initial staff review December 21- December 28, 2015.
2. CDBG Advisory Board develops funding recommendations to the Board of County Commissioners December 29, 2015 – January 18, 2016.
3. County Commission review/approval of any amendments to the Action Plan (date to be determined).

## **Appeals Process**

Any applicant who is allegedly aggrieved in connection with this RFP is entitled to an opportunity to appeal the decision within five (5) business days of the posted recommendations, in accordance with the Housing & Human Service Department's Appeals Procedure (HS-014). A complete copy of this procedure can be acquired by contacting the Housing & Human Services staff listed below.

## **Technical Assistance**

**A Mandatory Technical Assistance Meeting for all prospective applicants will be held from 10:00 a.m. to 12:00 p.m. December 9, 2015 at the Brevard County Government Center located at 2725 Judge Fran Jamieson Way, Building "C", Florida Room, 3rd Floor, Viera, FL 32940.**

If you have any questions regarding the RFP Application, please feel free to contact:

Brevard County Housing & Human Services Department, CDBG Staff Liaisons

Alan Woolwich [alan.woolwich@brevardcounty.us](mailto:alan.woolwich@brevardcounty.us)  
or Linda Graham [linda.graham@brevardcounty.us](mailto:linda.graham@brevardcounty.us) or at  
(321) 633-2076.

## **SECTION II – AGENCY PROFILE**

### **(MAXIMUM OF 3 PAGES)**

Agency Name \_\_\_\_\_

#### **A. Agency Profile (Narrative)**

This agency profile narrative is intended to assist staff and Board Members in gaining a better understanding of your overall agency operations and provide a broader view of the context in which the program for which you are requesting funding operates. **Since the Agency Profile requests information from an agency-wide perspective, information covering the specifics of the program for which you are presently seeking funding should not be included in this Section II, but in the Section III entitled Program Requirements.**

**Please answer the following questions in complete sentences while following the outline below. Do not repeat the entire question. Provide only the numbers, letters and wording in bold print below, followed by your written answer(s).**

1. **Agency Description:** Describe your agency by stating the following:
  - a. **Mission**
  - b. **Service area and target populations**
  - c. **Brief program summaries**, including information on new programs, expansions or reductions in current programs, (Exclude program(s) for which funding is being requested in this application).
2. **Trends/Changes:** What are the most significant trends and/or changes that are currently affecting your organization's operation, the people you serve, the type of programs offered, etc. Are there anticipated changes that will have significant impact in the foreseeable future (over the next 2-3 years)?
3. **Subsidiary or Affiliates:** Does your agency have any **subsidiaries or affiliates**? If yes, please describe the nature of the relationship, the purpose of the subsidiary/affiliate and any financial commitments or obligations by the agency on behalf of the related party.
4. **Financial Issues:** Brevard County encourages sound financial planning and management. We appreciate the cooperation of agencies to ensure accountability to funders and the agency's efforts to maintain confidence that services are adequately supported by appropriate financial practices.
  - a. What percent of your total agency budget goes for direct services versus administration?
  - b. Discuss agency **operating reserves**. Are your reserves equal to at least three months expenses? (Include reason/purpose for the fund(s), amounts, how accessed, restricted and/or non-restricted, Board direction, etc.).



- c. **Capital Expenditure Plans:** Briefly explain status and major points of plan. Does your agency have a capital reserve? (Purpose, amounts, etc.)
  - d. **Foundation Support:** Amounts, restrictions, access, etc.
  - e. **Subsidies Etc:** Does your agency provide a **subsidy, scholarship or use a sliding scale fee charge for any of the services offered?**
    - (1) What system or policy is used to determine **eligibility?**
    - (2) Does your agency ever reach a point where it must **turn away those seeking assistance?** If yes, please explain.
  - f. **Accounting System:** Does your agency have a **system to accurately account** for all revenues and expenses? Describe the system.
  - g. **Single Audit:** Does the agency comply with OMB A-133 or have a **single agency audit** performed annually?
  - h. **Monitoring History:** Is the agency **monitored by other funders?** If so, Please List Them.
  - i. **Board Involvement:** Describe your **Board's involvement** in the oversight of financial activity
  - j. **Training:** Does Agency Staff attend **training** and take advantage of local assistance? Please explain.
  - k. **Suspension Or Debarment:** Have you or your organization been investigated, suspended, debarred, proposed for debarment, declared ineligible, excluded, sanctioned or terminated by or from any Federal, State, administrative, law enforcement, municipal or other local Department or Agency for any reason, in the past ten (10) years? If so, describe in detail, including the agency the investigation, the dates of investigation and the result of the investigation, with any identifying case or agency number to allow further information to be gathered.
  - l. **Judgments:** Have you, your organization, and organization director or officer been convicted of a felony or had a civil judgment rendered against you, it or them in the past five (5) years?
5. **Agency Planning:** Does your organization have a strategic or long-range plan? If yes, Please summarize. **(SUMMARY NOT TO EXCEED 1 PAGE)**

## **SECTION III – Program Requirements**

### **(SEE MAXIMUM PAGE REQUIREMENTS BELOW)**

#### **A. PROGRAM DESCRIPTION (MAXIMUM OF 2 PAGES)**

The Program Description should cover the specifics of the program for which you are seeking funding. Applicant must complete sections A through F for each program request. Additionally, applicants must use the Application Check List Form provided (Page 4).

1. **Agency Name**  
**Program Name**  
**List all sites** (addresses), days and times that services will be available.
2. **Type of Application** (check all that apply): ☐ New ☐ Enhancement  
☐ Expansion ☐ Shared Cost or Fee Based Program  
☐ Match (Check only if these funds will be used to draw down additional funds from other funders)
3. **Scope of Service (MAXIMUM OF 150 WORDS):** Highlight your proposed program purpose, target population to be served, **all of the activities and services to be performed, proposed total number of clients to be served (unduplicated)**, planned **goals** and objectives, program **outcomes** and innovative strategies.
4. **Amount of funding requested for this program:** \$\_\_\_\_\_.  
If applicable, explain recent significant changes in funding of this program (i.e., reduction or elimination of state or federal funding or foundation support.)
5. **Proposed Level of Service**
  - ☐ **Number of Persons Served** (Duplicated or unduplicated)
  - ☐ **Number and type of participant, activities provided, and duration** (Example – 90 parents will receive parenting classes in three (3) sessions during a six (6) week workshop).
  - ☐ **Cost per unit**
  - ☐ **Cost per person**
6. **Describe how you market this program**, to ensure that appropriate individuals and/or families are aware of the services.

#### **B. STATEMENT OF NEED (MAXIMUM OF 2 PAGES)**

- ☐ Describe the specific aspects of the problem or need to be addressed by the program. How was this need identified?
- ☐ Describe the target population (i.e. youth ages 15 – 20, low-income seniors, homeless, etc.), and any eligibility requirements. Explain why you chose your target population. Target population should be described as to the location within the County, socio-economic status, location of services in relation to the population, and other demographic characteristics.



**C. PROGRAM PLAN/DESIGN & LOGIC MODEL: (MAXIMUM 2 PAGES OF NARRATIVE, IN ADDITION TO THE LOGIC FORMS, GOALS AND OUTCOMES)**

- ☐ Describe in clear and concise terms your **proposed program**, which CDBG National Objective your program meets, (see Addendum "A") and which FY2010-2015 Consolidated Plan Priorities, (see Addendum "B"), that your program will address.
- ☐ Who else in Brevard County **provides this or similar service**? How does your service differ from what is being offered by others?
- ☐ How does this program **collaborate with other providers**? Explain the benefits of your collaboration and list your partners. Provide letters of support as Appendix 2. If there is no collaboration, do you see a possibility of such an effort? Why or Why Not? With whom? Please explain.
- ☐ How will this program continue, should such continuation be necessary beyond the life of this grant?

**Answer each of the following statements (1 through 4) that apply to your program**

1. If an existing program is to be **enhanced**, describe the current project now providing services, and describe the enhancement component.
2. If an existing project is to be **expanded**, describe the existing project, describe in specific terms the expansion component of your program.
3. If County or CDBG funds will be used to **match** a federal or state grant, list the grant(s) and matching ratio to insure that CDBG funds will be eligible as a match, an authorized letter from the funding source may be required before the awarding of a contract. (A ratio of 2:1 for our purposes means two government dollars for every requested dollar)
4. If the project is a **shared cost or fee based** program, please explain/include the method used to determine income (sources of income and assets to be included in determining income) and the shared cost rate schedule.

**Logic Model**

- ☐ Use the Program Logic Model forms (see Addendum "D") to fully describe the data collection, analysis, and methodologies to be used to evaluate the proposed project.
- ☐ Describe the proposed evaluations that will be conducted, including service implementation and outcomes, which focus on barriers and facilitators to services.
- ☐ Include the goals and quantifiable objectives (**Distinguish between duplicated and un-duplicated**) for the grant period and present a sound and feasible evaluation plan for documenting that the grantee has met the goals and objectives set forth in the application. A maximum number must be set for the number of individuals to be served with grant funds (**Distinguish between duplicated and un-duplicated**), the types and numbers of specific services to be provided, the outcomes to be achieved by the individuals served, and the applicants overall progress in addressing the defined need.



- ❑ Specify what data will be collected to demonstrate results and accomplishments of the purpose and goal(s) of the project. Examples of possible services variables include cost effectiveness, quality of delivery, accessibility, utilization, organization structures, staffing patterns, client outcomes, etc.
- ❑ Describe the plan to evaluate program implementation and the adherence to interventions and procedures proposed for both the applicant and all other collaborative agencies. Applicants should discuss evaluation of processes and service outcomes.
- ❑ Show how the evaluation will demonstrate effectiveness of proposed interventions in achieving the goal(s) of the project.
- ❑ Indicate the number and percentage of what is being measured. Indicators will determine whether or not measurable outcomes are being met. **Examples of indicator action words** (increase, decrease, maintain and expand)
- ❑ State the procedures that will be used ensure compliance, and the collection of core demographics at program startup and 6 and 12-month follow-ups.
- ❑ Address culturally appropriate data collection and target population recruitment and retention strategies.
- ❑ Describe how the data will be managed and analyzed to provide reliable and valid findings, and if applicable, describe how the findings will be reported and disseminated.
- ❑ Describe how adherence/fidelity to the design and implementation plan will be achieved.

#### **D. PROGRAM MANAGEMENT (MAXIMUM OF 1 PAGE)**

##### **Implementation Plan**

Briefly describe the expected program management/implementation time line. Include important activities, target dates for completion, collaborative agencies timeframes, and responsible personnel. Please include Organizational Chart as Appendix 3, for both the applicant and collaborator(s).

##### **Organizational Capacity**

Describe the programs proposed staffing pattern, their qualifications and experience and how this will assist in the implementation of the program.

##### **Equipment and Facilities**

Do you have suitable facilities and equipment for providing a quality service for your proposed program? Please explain.

#### **E. Best Practices**

In today's economic climate service providers, governments, other funders and the public are calling for clearer evidence that the resources they expend actually produce benefits for people. One move in this trend is the adoption of research-based criteria in the selection of programs and services that impact on communities. These criteria have different titles (Best Practices,

Model Programs, Principles of Effectiveness, etc.), focuses on (Education, Violence Prevention, Substance Abuse, etc.) and terminology, but underlying them all is a desire to increase quality and efficiency. This move toward accountability is fully supported through this RFP process.

Using Addendum "K" **Basic Criteria of Best Practices for Brevard**, please check the appropriate boxes 1-12 which apply to your program and include as SECTION III-E in your application.

#### **F. Program Budget and Narrative Budget and Other Support**

Use the Budget Forms included in the application (See Addendum "M").

##### **Agency Financial Information (form) Instructions:**

[Actual Agency Budget Last Year Column] List revenue and expenses for your agency's total budget during the last completed fiscal year. Please enter the period of time for which you are reporting (fiscal year).

[Present Agency Budget] List agency budget for the current fiscal year in which you are now operating. Please enter time period. (Fiscal Year)

##### **Program Budget Information (form) Instructions**

##### **Section A – Program Budget Summary:**

Program requesting funding: Enter the name of the program for which you are requesting funding from the Board of County Commissioners. Please report your program request for an 8-month (period February 1, 2016 through September 30, 2016). If you are requesting funds for more than one program, please use additional forms.

County Funds: Enter the amount requested from the County for this Program.

Required Match: Enter the amount that you are going to match for this program. There is a 25% minimum match requirement.

All Other Funds: Enter the amount of additional funding required to totally fund this program. In your narrative, please list these funds and their source.

Total Program Cost: Enter the actual total cost to operate this program (include all funding sources).

## **Program Expenses**

### **Section B – Program Budget**

Only the direct costs requested in this application need to be justified. Do not include any items that are treated by the applicant organization as indirect costs.

Provide a detailed, reasonable budget including all identified potential expenses required to achieve successful completion of the project plan and management.

[County Funds]: Itemize where you plan to use County Grant funds.

[Match & Other Funds]: Itemize where other funds will be budgeted to completely fund the program.

NOTE: County Fund Expenses + Match + Other Funds Expenses = Total Program Costs

### **BUDGET NARRATIVE**

What percent of your total program budget will go for direct services versus administration?

Describe your required match. Is it Cash? Grants? In-kind? (Describe in-kind)

If applicable, describe additional resources that will be utilized to implement this project.

List all other sources to which you have applied for funds to support this project.

List other funding sources who have already committed resources for this program.

Describe the specific functions of the personnel, consultants, and collaborators. Identify job titles of persons responsible for managing the project and staff devoted to service provision. Include job descriptions/biographical sketches as Appendix 10.

HHS retains the right to request additional information as needed.

If an award is made, all funds identified as dedicated to this project (including funds used for match/in-kind) will be subject to applicable cost principles, auditing, and reporting requirements (OMB #'s A-110, A-122, and A-133).



## **ADDENDUM "A"**

### **CDBG REQUIREMENTS AND NATIONAL OBJECTIVES**

#### **A. Consolidated Action Plan**

The Brevard County Consolidated Plan is a five-year (FY 2010-2015) collaborative process whereby a community establishes a unified vision for community development actions with annual one-year updates. **See Addendum "B"**. Consolidating the submission requirements offers local jurisdictions a better chance to shape the various programs into effective, coordinated neighborhood and community development strategies. It also creates the opportunity for strategic planning and citizen participation to take place in a comprehensive context, and to reduce duplication of effort at the local level.

#### **B. Background**

The Community Development Block Grant Program (CDBG) was established by Congress through the Housing and Community Development Act of 1974, as amended, to provide local governments and residents with the funds needed to work in a comprehensive manner towards the improvement of the quality of life in low and moderate income areas. It consolidated the old categorical funding programs to allow for local flexibility in determining needs and to develop strategies to address those needs.

CDBG funds are distributed to areas and agencies which are determined eligible for funding. Therefore, everyone in Brevard County benefits from community development activities. Not only does community development enhance the quality of life, but it also provides a stepping-stone to public improvements in all types of community issues.

#### **Basic Federal Role**

- ☐ Enact program and raise money to fund it.
- ☐ Allocate program funds among communities based on a formula.
- ☐ Establish minimum federal standards for the use and administration of program funds, including standards on eligibility, national objectives, citizen participation, equal opportunity, environmental protection, etc.
- ☐ Monitor to ensure federal standards are met.

#### **Basic Local Role**

Accomplish the following with citizens' involvement:

- ☐ Identify the development and housing needs of the community;
- ☐ Set short and long-term community development objectives that are in accordance with the primary objective and the requirements of Title I;
- ☐ Set local priorities in deciding which of the large number of eligible activities are to be carried out;
- ☐ Administer the implementation of the chosen activities in a manner consistent with national standards; and
- ☐ Monitor the use of program funds and the relationship of such use to the local and national objectives.

### **C. Overview Of The Program Primary Objectives**

The primary objective of the CDBG program is the development of viable urban communities. The Housing and Human Services Department (HHS) works toward meeting this objective by providing decent housing, a suitable living environment and expanding economic opportunities, principally for persons of low and moderate income.

National Objectives: Each CDBG activity **must** address one of three national objectives:

- **Benefit low- and moderate-income persons;**
- **Aid in the prevention or elimination of slums or blight; or**
- **Meet community development needs having a particular urgency.**

#### **1. Activities to Benefit Low and Moderate Income Persons**

The activity must meet one of the following qualifying criteria:

- A.** An activity, available to all the residents in a particular area, where at least 51% of the residents are low-and moderate-income persons is considered an area benefit activity. The service area must be primarily residential, and meet the identified needs of low-and moderate-income persons. Examples include: street improvements; water and sewer lines; neighborhood facilities; and facade improvements in neighborhood commercial districts.
- B.** Activities which benefit a specific group of persons where at least 51% of whom are low and moderate income persons meet qualifications for funding. Examples include: Construction of a senior center; public services for the homeless; meals on wheels for the elderly; and construction of job training facilities for the severely disabled adults. Additional criteria for this type of benefit are as follows:
- 1) The activity must benefit a clientele that is generally presumed to be principally low and moderate income such as abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, or persons living with AIDS, and migrant farm workers; or
  - 2) Be a special project directed for removal of material and architectural barriers, which restrict mobility and accessibility of elderly or handicapped persons to publicly and privately owned non-residential buildings, facilities, improvements and the common areas of residential structures containing more than one dwelling unit.
  - 3) Information must be required on family size and income to document that at least 51% of the clientele are persons whose family income does not exceed Section 8 low and moderate income limits.
  - 4) The activity must have income eligibility requirements which limit the activity exclusively to low and moderate income persons.
  - 5) The activities must be of such nature and in such location that it may be concluded that the activity's clientele will primarily be low and moderate-income persons.



**2. Activities which aid in the prevention or elimination of slums or blight:**

**A.** An activity which aids in the prevention or elimination of slums or blight outside a slum or blighted area. Examples include elimination of faulty wiring, falling plaster, or other similar conditions which are detrimental to all potential occupants; historic preservation of a public facility; and demolition of a vacant deteriorated, abandoned building. The activity must meet the following qualifying criteria:

- 1). The activity must be designed to eliminate specific conditions of blight or physical decay on a spot basis.
- 2) The activity must be limited to acquisition, clearance, relocation, historic preservation, and/or rehabilitation of buildings. Rehabilitation is limited to the extent necessary to eliminate specific conditions detrimental to public health and safety.

**3. Activities designed to meet community development needs having a particular urgency. Examples include major catastrophes or emergencies. The activity must meet the following qualifying criteria:**

- ☐ Pose a serious threat to the health or welfare of the community;
- ☐ Are of recent origin or recently became urgent;
- ☐ The grantee is unable to finance on it's own; and
- ☐ Other resources of funds are not available

**Eligible Activities**

Consistent with the objectives stated under Addendum "A" and "B", the federal assistance provided in this program can be used for the support of community development activities, as seen in the Code of Federal Regulations (CFR's), which are available for review in the HHS Office and at: <http://www.hud.gov/offices/cpd/communitydevelopment/rulesandregs/regulations/index.cfm>.



## NEIGHBORHOOD STRATEGY AREA MAPS

### Designation and Delineation of the Identified Low and Moderate Income Areas in Brevard County for FY 2015 – 2016

The following seven (7) areas have been identified as low and moderate income Neighborhood Strategy Areas in Brevard County. Please refer to attached maps for boundaries.

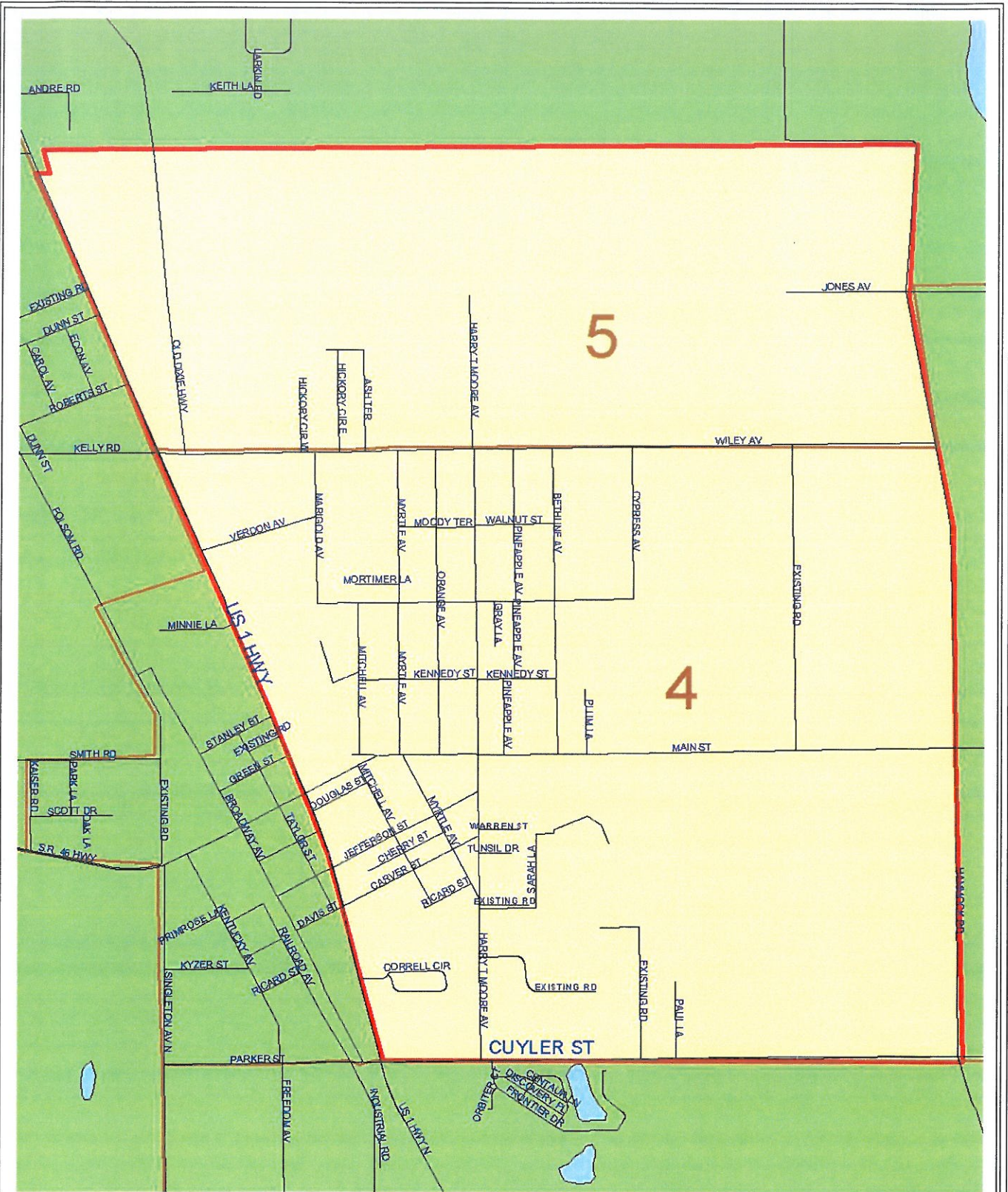
**Beneficiaries:** Consistent with the primary objective of the Act, Brevard County must certify that in the aggregate at least 70% of CDBG Funds to be expended during the fiscal year will be for activities which benefit low and moderate income persons.

**Income Limits:** Income limits for all eligible applicants will be based on Section 8 Income Guidelines established by the United States Department of Housing and Urban Development. These Income Guidelines are subject to revision upon written notification from HUD.

**HUD Income Guidelines:** As required by statute, the income qualifications for families cannot exceed 80% of the median income in Brevard County. (See Addendum "L").

### **Maps Representing Brevard County Housing & Community Development Neighborhoods**

1. EAST MIMS NEIGHBORHOOD STRATEGY AREA
2. MICCO NEIGHBORHOOD STRATEGY AREA
3. NORTH TROPICAL TRAIL M.I. NEIGHBORHOOD STRATEGY AREA
4. SHARPES NEIGHBORHOOD STRATEGY AREA
5. WEST COCOA NEIGHBORHOOD STRATEGY AREA
6. CLEARLAKE - COCOA NEIGHBORHOOD STRATEGY AREA
7. WEST CANAVERAL GROVES NEIGHBORHOOD STRATEGY AREA



Strategy Area

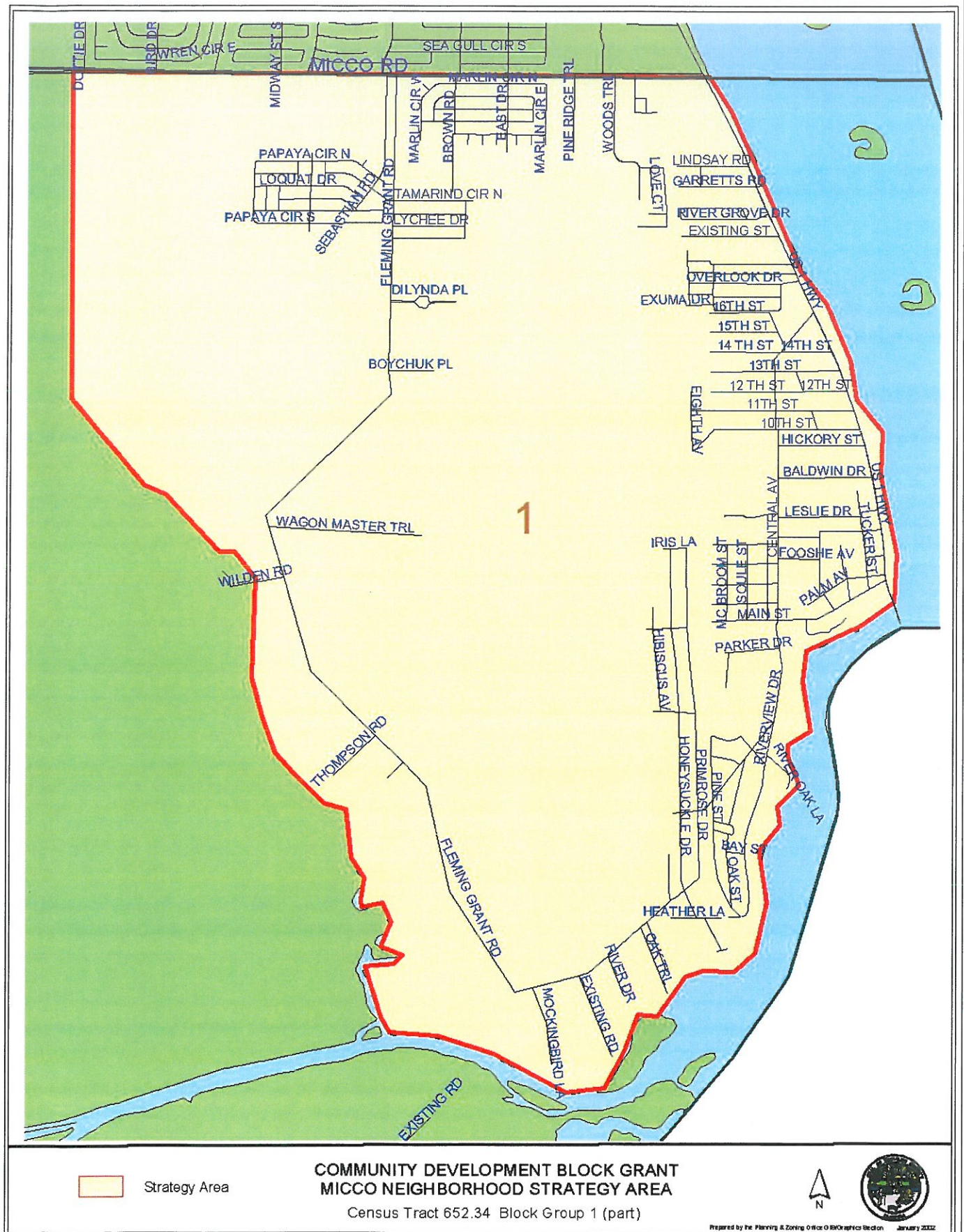
# **COMMUNITY DEVELOPMENT BLOCK GRANT EAST MIMS NEIGHBORHOOD STRATEGY AREA**

Census Tract 601 Block Groups 4 (part) and 5 (part)



Prepared by the Planning & Zoning Office & Geographic Section January 2022

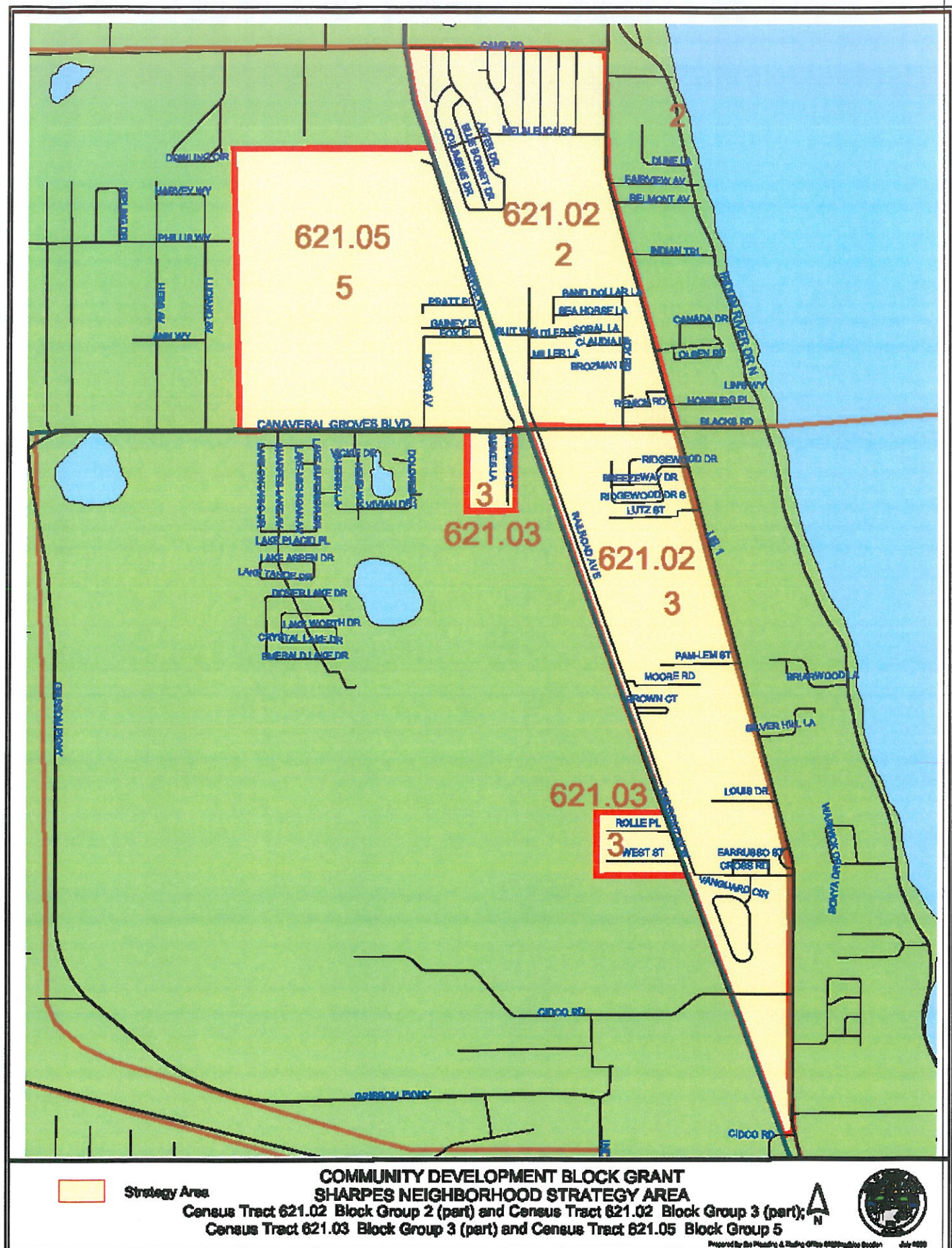




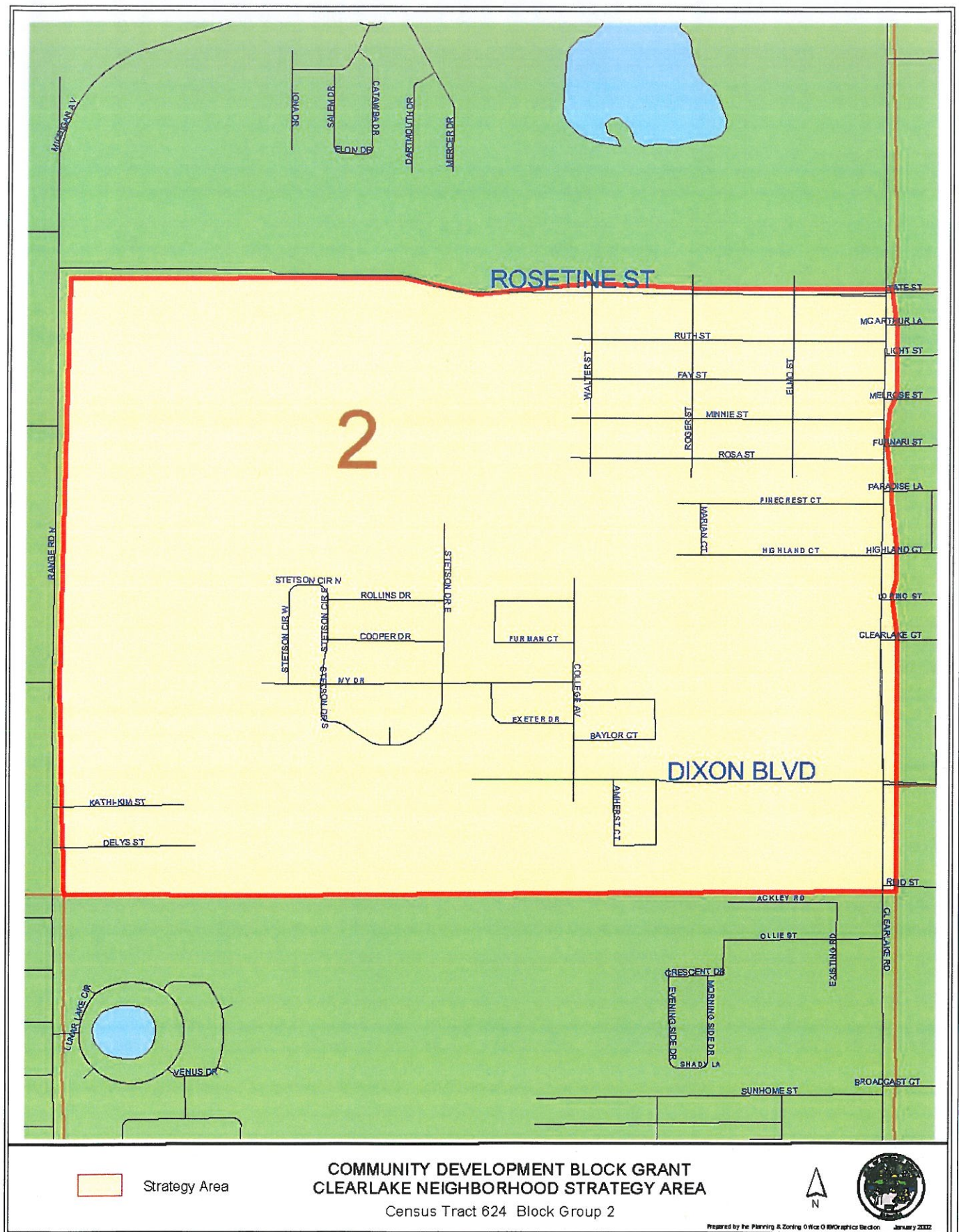




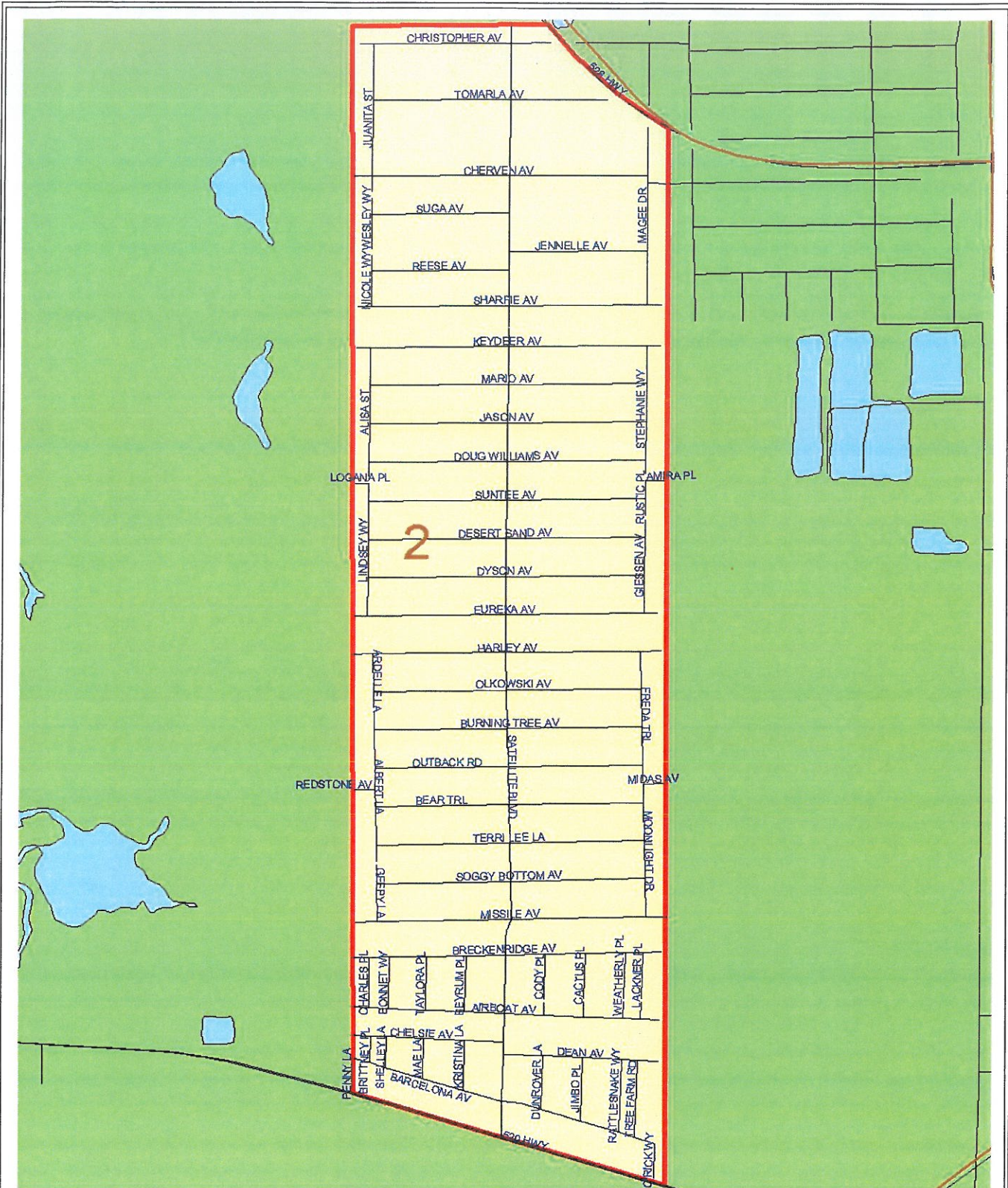












 Strategy Area

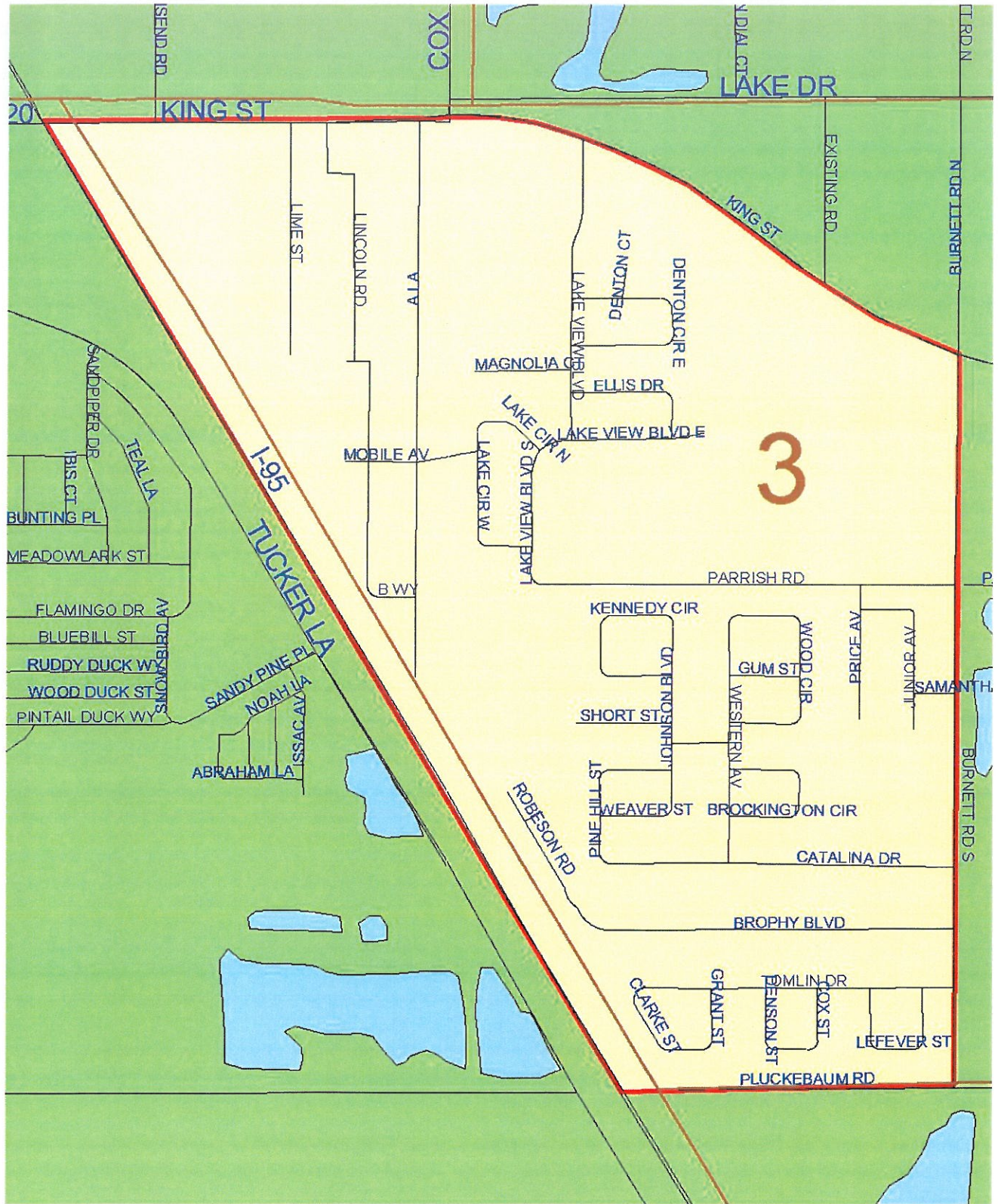
**COMMUNITY DEVELOPMENT BLOCK GRANT  
WEST CANAVERAL GROVES NEIGHBORHOOD STRATEGY AREA**

Census Tract 712 Block Group 2 (part)



Prepared by the Planning & Zoning Office & Geographic Section January 2002





 Strategy Area

**COMMUNITY DEVELOPMENT BLOCK GRANT  
WEST COCOA NEIGHBORHOOD STRATEGY AREA**

Census Tract 625 Block Group 3 (part)



Prepared by the Planning & Zoning Office's Geographic Section January 2002



### Addendum "B"

<b>PRIORITY COMMUNITY DEVELOPMENT NEEDS</b>	<b>Priority Need Level High, Medium, Low,</b>
<b>PUBLIC SAFETY, CRIME PREVENTION &amp; NUISANCE</b>	
• Street lighting/improved lighting	HIGH
• Crime/Drug/Violence/Safety	HIGH
• Community/Neighborhood policing	HIGH
• Littering	HIGH
• Noise from stereos/residents	HIGH
• Theft/Burglary	HIGH
• Crime/Drugs/Public safety	HIGH
• Vandals/Vandalizing property	HIGH
• Traffic Safety/Transportation	HIGH
• Juvenile crime/Bullying	MEDIUM
• Crime/Police protection	MEDIUM
• Speeding/Traffic calming methods	MEDIUM
• Animal Control/Barking dogs	LOW
• Suspicious activities/delinquents	LOW
<b>PUBLIC SERVICES</b>	
• Youth activities and daycare	HIGH
• Social & human Service needs	HIGH
• Access to social/human services	HIGH
• Transportation/Public transit access	HIGH
• Youth programs	HIGH
• Elder programs	MEDIUM
• After school program	MEDIUM
• Health programs	MEDIUM
• Homeless programs	LOW
• Counseling/Mental health	LOW
• Daycare facility	LOW
<b>INFRASTRUCTURE</b>	
• Roads/Streets/Potholes	HIGH
• Sidewalks and landscaping	HIGH
• Ditches/retention/Drainage and flooding	HIGH
<b>PUBLIC FACILITIES</b>	
• Off street bike paths	HIGH
• Transit shelters	HIGH
• Youth facilities	HIGH
• After school program facilities	HIGH
• Elder facilities	MEDIUM
• Health program facilities	MEDIUM
• Schools	MEDIUM
• Homeless program facilities	LOW
• Parks and recreation	LOW
<b>ECONOMIC DEVELOPMENT</b>	
• Job skills	HIGH
<b>DEMOLITION AND CLEARANCE</b>	
• Keeping public area clean and maintained	HIGH
• Yards need cleaning/landscaping	HIGH
• Abandoned houses/lots/building	HIGH



## Addendum "C"

### 2015-2016 PUBLIC SERVICE ACTIVITIES APPLICATION COVER PAGE

1. Agency Legal Name: \_\_\_\_\_  
Agency dba (if applicable): \_\_\_\_\_  
Federal Identification Number: \_\_\_\_\_

2. Chief Professional Officer Name & Title \_\_\_\_\_  
Number of Years as CPO: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Agency Web Address: \_\_\_\_\_

If any of the above information is less than a year old, please check here \_\_\_\_\_

3. Lead Agency Staff Person (if other than CPO)  
Name & Title : \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

4. Name of Fiscal Officer: \_\_\_\_\_  
Phone Number of Fiscal Officer \_\_\_\_\_

If any of the above information is less than a year old, please check here \_\_\_\_\_

5. Chief Volunteer Office: \_\_\_\_\_ Volunteer Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

6. Primary Geographic Service Area: North \_\_\_\_ Central \_\_\_\_ South \_\_\_\_ Other: \_\_\_\_

7. On each line below, enter information requested:

Program Name	Type of Request (New/Enhanced/Expansion/Match)	Requested Amount
A. _____		
B. _____		
C. _____		
D. _____		
E. _____		
TOTAL REQUEST		\$ _____

## PROGRAM LOGIC MODEL ACTIVITIES/OUTCOMES

RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES	GOALS
SERVICE PROVIDERS:				
PROGRAM SETTING:				
COMMUNITY FACTORS:				
COLLABORATIONS:				
SERVICE TECHNOLOGIES:				
FUNDING SOURCES:				
PARTICIPANTS:				



# ADDENDUM "D" Continued

## LOGIC MODEL EVALUATION PLAN

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Focused Care Area: \_\_\_\_\_

Have you made any changes to the evaluation plan? ☐ Yes ☐ No Date Revised: \_\_\_\_\_

OUTCOMES	INDICATORS	MEASUREMENT TOOL/APPROACH	SAMPLING STRATEGY & SAMPLE SIZE	FREQUENCY & SCHEDULE OF DATA COLLECTION
1.	1.1 1.2 1.3 1.4			
2.	2.1 2.2 2.3 2.4			
3.	3.1 3.2 3.3 3.4			

## ADDENDUM "E"

### Sworn Statement of Public Entity Crimes

#### SWORN STATEMENT UNDER SECTION 287.133(3)(a) FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

(To be signed in the presence of a Notary Public or other officer authorized to administer oaths.)

State of \_\_\_\_\_  
County of \_\_\_\_\_

Before me, the undersigned authority, appeared \_\_\_\_\_ who, being by me first duly sworn, made the following statement:

1. The business address of \_\_\_\_\_ (name of applicant or contractor) is \_\_\_\_\_.
2. My relationship to \_\_\_\_\_ (name of applicant or contractor) is \_\_\_\_\_ (relationship such as sole proprietor, partner, president, vice president, etc.).
3. I understand that a public entity crime as defined in Section 287.133 of the Florida Statutes includes a violation of any State or Federal law by a person with respect to and directly related to the transaction of business with any public entity in Florida or with an agency or political subdivision of any other State or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or such an agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. I understand that "convicted" or "conviction" is defined by the statute to mean a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any Federal or State trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
5. I understand that "affiliate" is defined by the statute to mean (1) a predecessor or successor of a person or a corporation convicted of a public entity crime, or (2) an entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime, or (3) those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate, or (4) person or corporation who knowingly



entered into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months.

6. Neither the applicant or contractor nor any officer, director, executive, partner, shareholder, employee, member or agent who is active in the management of the applicant or contractor nor any affiliate of the applicant or contractor has been convicted of a public entity crime subsequent to July 1, 1989.

(Draw a line through paragraph 6 if paragraph 7 applies)

7. There has been a conviction of a public entity crime by the applicant or contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the applicant or contractor who is active in the management of the applicant or contractor or an affiliate of the applicant or contractor. A determination has been made pursuant to Section 287.133(3) by order of Division of Administrative Hearings that is not in the public interest for the name of the convicted person or affiliate to appear on the convicted vendor list. The name of the convicted person or affiliate is \_\_\_\_\_.

A copy of the order of the Division of Administrative Hearings is attached to this Statement (with a line through paragraph 6 if paragraph 7 applies).

Sworn to and subscribed before me in the State and County first mentioned above on the \_\_\_\_\_ day of \_\_\_\_\_.

Affix Seal

Notary Public: \_\_\_\_\_  
My commission expires \_\_\_\_\_

## ADDENDUM "F"

### APPLICANT CERTIFICATION AND ACKNOWLEDGEMENT

The applicant certifies that the information in this Application is true, correct, and authentic.

The Applicant acknowledges that Brevard County may conduct its own independent review, analysis and verification of all information contained in this Application.

The Applicant and all Financial Beneficiaries have read and will abide by the applicable Florida Statutes 420.907 and Section 67-37 Florida Administrative Code.

The undersigned is authorized to bind all Financial Beneficiaries to this certification and warranty of truthfulness and completeness of the Applications.

**If non-profit**, this application has been duly authorized by a resolution or other board action and also gives signature authority as reflected in board minutes. **(Please attach signed board minutes.)**

\_\_\_\_\_  
Authorized Official (signature)

\_\_\_\_\_  
Witness (signature)

\_\_\_\_\_  
Name and Title (typed or printed)

\_\_\_\_\_  
Name and Title (typed or printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## **ADDENDUM "G"**

### **Certification Regarding Debarment and Suspension**

The undersigned (authorized official signing for the Applicant organization) certifies to the best of his or her knowledge and belief, that the Applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the Applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The Applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub- grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	President / Chief Executive Officer

## **ADDENDUM "H"**

### **2015-2016 Program and Technical Certification**

#### **PROGRAM CERTIFICATION**

I do hereby certify that all facts, figures, and representations made in the application are true and correct, and that the purpose of this request is consistent with our organization's Article of Incorporation, By-Laws and Mission. Furthermore, all applicable statutes, terms, conditions, regulations and procedures for program compliance and fiscal control will be implemented to ensure proper accountability of grant funds. I certify that the funds requested in this application will not supplant funds that would otherwise be used for the purposes set forth in this project.

The filing of this application has been authorized by the Agency Board of Directors, and I have been duly authorized to act as the representative of the agency in all matters in connection with this application. I also agree to follow all terms, conditions, and applicable federal and state statutes. I also agree to participate in the Brevard County Continuum of Care process.

#### **TECHNICAL CERTIFICATION**

I understand that the Housing & Human Services Department (HHS) is interested in using up-to-date technology to ease the public burden of reporting requirements under this RFP. I certify that the applicant organization has the required minimum computer resources required to integrate with the Homeless Management Information System (HMIS) web-based client/outcome management system. I agree that, if required, our organization will participate in a web-based client/outcome management system. (Minimum Computer Workstation Requirements: MS-Windows 2000; Pentium Class, 200 MHz Processor; 512 MB RAM; 2 GB HDD Storage Space Available, Display with 32 bit Color with 1024 by 758 Resolution, Pointing Device, MS-Internet Explorer version 6.0, 5Mbps High Speed Internet access, Up-to-date Computer Virus Protection Software).

---

Type Authorized Official's Name

---

Authorized Official's Title

---

Authorized Official's Signature

---

Date

## ADDENDUM "I"

### Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the Applicant organization) certifies that the Applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about--

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), and (e).

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	President / Chief Executive Officer



## ADDENDUM "J"

### Certification Regarding Environmental Tobacco Smoke

F.S. 386.201 –212, the Florida Clean Indoor Air Act, has as its purpose to protect the public health, comfort, and environment by creating areas in public places and at public meetings that are reasonably free from tobacco smoke by providing a uniform statewide maximum code. This part shall not be interpreted to require the designation of smoking areas.

(1) "Public place" means the following enclosed, indoor areas used by the general public:

(a) Government buildings; (b) Public means of mass transportation and their associated terminals not subject to federal smoking regulation; (c) Elevators; (d) Hospitals; (e) Nursing homes; (f) Educational facilities; (g) Public school buses; (h) Libraries; (i) Courtrooms; (j) Jury waiting and deliberation rooms; (k) Museums; (l) Theaters; (m) Auditoriums; (n) Arenas; (o) Recreational facilities; <sup>1</sup>(p) Restaurants which seat more than 50 persons; (q) Retail stores, except a retail store the primary business of which is the sale of tobacco or tobacco related products; (r) Grocery stores; (s) Places of employment; (t) Health care facilities; (u) Day care centers; and (v) Common areas of retirement homes and condominiums.

(2) "Public meeting" means all meetings open to the public, including meetings of homeowner, condominium, or renter or tenant associations unless such meetings are held in a private residence.

(3) "Common area" means any hallway, corridor, lobby, aisle, water fountain area, restroom, stairwell, entryway, or conference room in any public place.

By signing the certification, the undersigned certifies that the Applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services as defined by the Act.

The Applicant organization agrees that it will require that the language of this certification be included in any sub awards, which contain provisions for services and that all sub recipients shall certify accordingly.

The Housing and Human Services Department strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE  President / Chief Executive Officer
--	---

## **ADDENDUM “K”**

### **Basic Criteria of Best Practices for Brevard**

**Check the boxes for the statements that apply to your program**

1. [ ] Program, principles, and policies address factors currently identified as priorities in Board of County Commissioners (BOCC) approved plans and strategies.
2. [ ] Program cooperates with other community entities in a comprehensive system of care.
3. [ ] Program, principles, and policies are culturally sensitive; and appropriate to the Gender, age, education, income and relationship level of the people it serves.
4. [ ] Program, principles, and policies empower clients to take positive action on their own behalf to reduce problem behaviors and increase positive outcomes.
5. [ ] Program and practices are based on sound scientific principles that indicate the likelihood that the program will yield expected outcomes.
6. [ ] Program could be repeated in other settings with only minor adaptations (replicability).
7. [ ] Key program leadership is directly immersed in the daily workings of the program from piloting through implementation.
8. [ ] Evaluation continues for a period of at least three (3) years, and ideally for five (5) years.
9. [ ] Provider has adequate resources (people, time, legitimacy, contact with the target population, and stakeholder buy-in) to implement the program, as well as a plan for alternate resources if necessary.
10. [ ] Realistic means exist for engaging the target population in the program.
11. [ ] Program provider has a plan to raise public awareness on the issues addressed by the BOCC approved plans and strategies.
12. [ ] Program incorporates documented, systematic and ongoing staff training and, where indicated, cross-training with other agencies.



## **ADDENDUM "L"**

### **BREVARD COUNTY 2015 HUD INCOME GUIDELINES**

<b>Family Size</b>	<b>30% Median Family Income Extremely Low</b>	<b>50% Median Family Income Very Low</b>	<b>80% Median Family Income Low</b>
1	Up to \$13,000	Up to \$21,700	Over \$34,650 Ineligible
2	Up to \$14,850	Up to \$24,800	Over \$39,600 Ineligible
3	Up to \$16,700	Up to \$27,900	Over \$44,550 Ineligible
4	Up to \$18,550	Up to \$30,950	Over \$49,500 Ineligible
5	Up to \$20,050	Up to \$33,450	Over \$53,500 Ineligible
6	Up to \$21,550	Up to \$35,950	Over \$57,450 Ineligible
7	Up to \$23,050	Up to \$38,400	Over \$61,400 Ineligible
8	Up to \$24,500	Up to \$40,900	Over \$65,350 Ineligible

**NOTE: HUD INCOME GUIDELINES CHANGE ANNUALLY.**

## ADDENDUM "M"

**PROGRAM NAME:** \_\_\_\_\_

### Agency Financial Information

Source	Actual Agency Budget Last Year (fiscal year)	Present Agency Budget (fiscal year)
(1) State Grants		
(2) Federal Grants		
(3) Allocations Requested or Received from United Way		
(4) Foundation/Trust Grants		
(5) Client Fees/Shared Costs		
(6) Cash Contributions or Donations		
(7) In-kind		
(8) Operating Reserve Funds		
(9) Capital Reserve Funds		
(10) Misc./Other Funds		
<b>TOTALS:</b>		
Expense Categories	Actual Agency Budget Last Year	Present Agency Budget
a. Personnel		
b. Fringe Benefits		
c. Travel		
d. Equipment		
e. Supplies		
f. Contractual		
g. Insurance		
h. Maintenance		
i. Training & Conferences		
j. Direct Assistance to Clients		
k. Fees & Dues		
l. Miscellaneous & Other		
<b>TOTAL:</b>		



# ADDENDUM "M" / Continued

## Program Budget Information

### SECTION A – PROGRAM BUDGET SUMMARY

Program Requesting Funding	County Funds	Required Match 25%	All Other Funds	Total Program Cost
	\$	\$	\$	\$

### SECTION B – PROGRAM BUDGET

Expense Categories	County Funds	25% Match and Other Funds
m. Personnel		
n. Fringe Benefits		
o. Travel		
p. Equipment		
q. Supplies		
r. Contractual		
s. Other (Itemize)		
<b>TOTAL:</b>		